

RONALD FANTOZZI

11 OF 18

St. Mary's Regional Medical Center
Post Anesthesia Care Unit Record

Admitted From D. Miller Via stretcher Patient Bed 133167 Stairlift Up ☐ Padded ☐

Procedure Emergency Laparoscopic Cholecystectomy Teds ☐

Intubation @ Subtotal Spine SCD's ☐ 1315

Admit Date 8/19/98 Time 1200 Discharge Time

Admissions to PACU Vital Signs

P 133 R 24 EKG ☒ Pulse Oximetry 94% Ni BP 133/67 Arterial --- Correlates To Cuff ☐ Yes ☐ No ☐ CVP --- Swan Ganz ---

Legend	Time	280	260	240	220	200	180	160	140	120	100	80	60	40
Pulse														
Systolic														
Diastolic														
Cuff														
A Line														
AX:														
Axillary														
R:														
Rectal														
Oral														
T:														
Tympanic														
Temp.														
Respirations														
O2 Sat														
PAP/PAW/CVP														
Spinal Level														
EKG Rhythm														

Patient History		Pre-Op Vital Signs	
GI Disease <input type="checkbox"/>	Renal Disease <input type="checkbox"/>	B/P	120/74 - P 80
Diabetes <input type="checkbox"/>	Heart Disease <input type="checkbox"/>	O2 Sat	
Respiratory Disease <input type="checkbox"/>	Neurological Disorder <input type="checkbox"/>	Allergies	
Meds <input type="checkbox"/>	Other: <u>Chronic Pain</u>		
Intra-Op Anesthesia			
General Mask <input type="checkbox"/>	General ETT <input type="checkbox"/>	Agents Used: <u>500 Succinylcholine</u>	
Spinal <input type="checkbox"/>	Local <input type="checkbox"/>	Sedation: <u>---</u>	
LMA <input type="checkbox"/>	Block <input type="checkbox"/>	Reversals Used: <u>---</u>	
Intra-Op V.S. <u>108/60 - 104/64</u>		Meds Given: <u>---</u>	
Other: <u>---</u>			

The Aldrete Score		IN		OUT	
Moves 4 Extremities Voluntarily or on Command	-2	Muscle	2	2	2
Moves 2 Extremities Voluntarily or on Command	-1	Activity	2	2	2
Moves 0 Extremities Voluntarily or on Command	-0	Respirations	2	2	2
Deep Breaths & Cough on Command	-2	Circulation	1	2	2
Limited or Difficult Resp.	-1	Consciousness	1	2	2
Agree	-0	O2 Saturation	2	2	2
BP \pm 20 MM of Pre-Anesthesia Level	-2	Total Score	8	10	10
BP \pm 20-50 MM of Pre-Anesthesia Level	-1				
BP \pm 50 or Over of Pre-Anesthesia Level	-0				
Fully Awake	-2				
Awake	-1				
Not Responding	-0				
Able to maintain O ₂ saturation >92% on room air	-2				
Needs O ₂ inhalant to maintain O ₂ saturation >90%	-1				
O ₂ saturation <90% even with O ₂ supplement	-0				

Nurse's Signature Patricia R. N. R. R. Init. PR Nurse's Signature --- Init. ---

St. Mary's Regional Medical Center

PACU Record

Date: 8.19.98

Intake		Output			
OR	IV	CBI	Urine	CBI	NG
602000					
250					
Totals					

Medication Record

Time	Drug	Dose	Route/Site	Pain Scale	Initial
12:30	Neuronal	25mg	IV		P. Pauline
12:40	Neuronal	25mg	IV		P. Pauline

Infusion Record

Time	Type and Volume	IV Site	Site	Amount in PACU	TBA	Initial
12:00	1000g Dil. 9400	Hand	✓	1000g		P. Pauline
12:35	1000g Dil. 9400	Hand	✓	1000g		P. Pauline

10-0000

8-19-98

GRAPHIC CONTROLS CORPORATION | BUFFALO, NEW YORK

Nurse's Signature	Init.	Nurse's Signature	Init.	Nurse's Signature	Init.

Physician's Order

- Oxygen
 - ☐ Face Tent F102 %
 - ☐ Nasal Cannula
- Nebulizer Treatment in PACU
 - ☐ Oximetry Post - Op
- Intravenous Fluids in PACU
 - ☐ Follow present IV with same solution
 - ☐ Continue with present IV
- Pain Medication (if no allergy) in PACU
 - ☐ Morphine Sulfate 1-5 mg IV PRN
 - ☐ Meperidine 12.5 - 25 mg IV PRN
- Antiemetic (if no allergy) in PACU
 - ☐ Prochlorperazine 5-10 mg IV PRN w/ max dose of 10 mg
- Accucheck while in PACU
 - ☐ q 1 hour I.D.D.M.

9. Return to room when patient meets discharge criteria

Signature of Responsible Anesthesiologist: [Signature]

Signature of PACU Nurse: [Signature]

Signature of Floor Nurse: [Signature]

PACU Nurse: [Signature]

Floor Nurse: [Signature]

Page 3

St. Mary's Regional Medical Center

Pre-Operative Checklist

1. Admission Consent
Signed and witnessed _____
2. Informed Consent
Signed and witnessed
(dated 30 days) _____
3. ID Bracelet _____
4. H & P on chart
if not, notified Med Rec.
MD _____
OR _____
5. Consultation on Chart _____
6. Old Records Ordered
On film _____
7. Pre-Op Teaching By Stephanie Buswell

Day Of Surgery

1. MD Orders Noted/Completed Yes
2. Addressograph Plate on Chart Yes
3. Current I & O _____
4. MAR, IV Records on Chart Yes
5. IV Started/Location D5 NS
if not started, OR called
IV Solution/Rate 200/hr
6. NG Tube/Size _____
7. Foley Cath _____
8. Prep as Ordered _____
9. Time Last Voided/
Catheter drained 1000 hr
10. Weight 67.4K
Height 5' 7"
11. Premed VS: T 36.5 P 84 R 22 BP 100/75
Time: 0800

12. Premedications Given/Time:

None ordered

Demerol 75 mg IV 09

Fentanyl 25 mcg IV 0910

None Ordered _____

13. Does Patient Have:
Oroshong Cath _____
Porta Cath _____
MML _____
Other Specify _____

P10103

24 KS NR 221342
JEFFREY L
RONALD M
RD
ME 04210
3223673
214103-01 8219

ALLERGIES: Hay fever only

Allergy Sticker on Chart _____

Tests Ordered, Results on Chart or Action Taken

Electrolytes on chart CBC on chart
Urine on chart EKG _____
Chest X Ray _____
Preg. Test _____
Type and Screen _____ Date _____
X-Match (drawn/Redrawn) _____ Date _____
Units _____ # Autologous _____
Ultrasound _____
Other live panel on chart
CO2 SpO2 on chart
CMP

Make-up, Fingernail

Polish Removed _____
Valuables Labeled
and Stored _____
Ring taped
Watch _____
Necklace _____
Glasses _____
Contact Lenses _____
Dentures _____
(partials/plates) _____
Hearing Aide _____
Artificial Limb _____
Artificial Eye _____
Underwear bedside

To OR _____ Date 5/19/98 Time 1015

Signature Stephanie Buswell LPN (N)

C:\MANUAL\BETH\PREL OP PM

3793

500685.011.0275

St. Mary's Regional Medical Center
Perioperative Nursing Record

Date 8/19/98 OR Room # 2 Temp 70

Surgeon Muller Asst 29528 MS MR 221342

Anesthesiologist Vachon CRNA Meadley 7/17/98 BROWN, JEFFREY L

SRNA Relief 1 ST6221, RONALD M

Circulator Amberlaken Scrub 1. 2 4 POLAND RD

2 2 1000 NE 04210

Relief In Out Relief In Out 1 62 H/H 207-7823873

Pt. Class ASA II Surgery Time: Start 1100 End 1150 28103-01 H219

Pre-Op Dx right flank pain, hematuria

Time In: PAH 1015 OR 1100

Impairment: Vision OK Hearing OK LOC awake

Mobility independent Other none

Skin Appearance unremarkable

Shave Prep: ☐ Yes ☒ No By: Amberlaken

Blood Avail: ☐ Yes ☒ No # Units 0 # Autologous 0

IV's: Peripheral NA Line Swanz CVP 0

Epidural Other Inserted By: Relief

Pt. Statements: NPO since last meal Allergies NKA

Yes	No	Test	Yes	No	Test	Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>	CBC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CXR	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	UA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	EKG	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	LYTES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	HBP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	SCREEN	<input checked="" type="checkbox"/>	<input type="checkbox"/>	CONSULT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	PREG	<input checked="" type="checkbox"/>	<input type="checkbox"/>	PT/PTT	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	US	<input checked="" type="checkbox"/>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<input type="checkbox"/>

Pt. Identified ☒ Surgery Confirmed ☒ Consents Correct/Complete ☒ Special Consent Form ☒ Traction/Cast ☒

PRE-OP ASSESSMENT

Nursing Diagnosis: Anxiety secondary to surgery and environment

Desired Patient Outcome: Pt verbalizes questions and concerns regarding surgery.

Nursing Intervention: Explanation of intraoperative course. Provide emotional support.

Comments: Signed: Amberlaken RN

INTRA-OP ASSESSMENT

Table	Equipment	INA	Padding	INA	Tourniquet	INA	Electrosurgery	INA
<input checked="" type="checkbox"/> Amsco/Shampaine	<input type="checkbox"/> Butt Pad	<input type="checkbox"/> Kidney Bar	<input checked="" type="checkbox"/> Pillows	<input type="checkbox"/> Axillary Rolls	Upper Arm R <u>0</u> L <u>0</u>	Monopolar # <u>0</u>		
<input type="checkbox"/> Chick/Siemens	<input type="checkbox"/> Vac Pac	<input type="checkbox"/> Chest Rolls	<input checked="" type="checkbox"/> Blankets	<input type="checkbox"/> Foam Pad	Thigh R <u>0</u> L <u>0</u>	Cut <u>0</u> Coag <u>0</u>		
<input type="checkbox"/> Electropoise	<input type="checkbox"/> Footboard	<input type="checkbox"/> Adhesive	<input type="checkbox"/> Other		Time Up <u>0</u> Down <u>0</u>	Pad Site <u>0</u>		
<input type="checkbox"/> Orthopedic Fx	<input type="checkbox"/> Sandbag	<input type="checkbox"/> Prone-eze			Time Up <u>0</u> Down <u>0</u>	Lot # <u>0</u>		
<input checked="" type="checkbox"/> Cysto	<input type="checkbox"/> K-Pad	<input checked="" type="checkbox"/> Leg Holders	Position		Applied By <u>0</u>	Skin Integrity <u>0</u>		
<input type="checkbox"/> Cedar Frame	<input type="checkbox"/> Teds/SCD	<input type="checkbox"/> Sugitta	<input type="checkbox"/> Supine	<input type="checkbox"/> Lat R <u>0</u> L <u>0</u>	Pressure <u>0</u>	Bipolar # <u>0</u>		
<input type="checkbox"/> Other	<input type="checkbox"/> Ambboards	<input type="checkbox"/> Safety Strap	<input type="checkbox"/> Prone	<input type="checkbox"/> Other <u>0</u>	Type/# <u>0</u>	Setting <u>0</u>		
	<input type="checkbox"/> Other		<input checked="" type="checkbox"/> Lith					

Surgical Prep	Medications	Irrigation	Catheter	Nasogastric Tube
<input checked="" type="checkbox"/> Sol	Ungt: <u>0</u>	<input type="checkbox"/> N/S	<input checked="" type="checkbox"/> Came With <u>DK 800</u>	<input type="checkbox"/> Came With <u>0</u>
<input checked="" type="checkbox"/> Scrub	Drops: <u>0</u>	<input type="checkbox"/> LR	<input type="checkbox"/> Straight Cath	Type <u>0</u>
<input type="checkbox"/> Iodine	Inject: <u>0</u>	<input checked="" type="checkbox"/> H2O	Size <u>0</u> Amt <u>0</u>	Inserted By <u>0</u>
<input type="checkbox"/> Gel	Other: <u>0</u>	<input type="checkbox"/> BSS	By <u>0</u>	Time <u>0</u>
<input type="checkbox"/> Other	Site: <u>0</u>	<input type="checkbox"/> Other	Time <u>0</u>	

X-Rays in OR: ☐ No ☐ Portable ☐ C-Arm ☒ Cysto ☒ Adv Relief M. 30

Drains ☒ No ☐ Yes Type 0 Site 0

Packs ☒ No ☐ Yes Type 0 Site 0

Immobilizer: ☒ NA ☐ ABD Pillow ☐ Cervi Collar ☐ Sling

☐ Splint ☐ Cast

Specimen ☒ No ☐ Yes

To Lab ☒ No ☐ Yes

Frozen ☒ No ☐ Yes

Cultures ☒ No ☐ Yes ☐ Aerobic ☐ Anaerobic Site 0

Post Op Dx right flank pain, hematuria

Procedure Cystoscopy, right retrograde insertion of right ureteral stent

Anesthesia Type General

EBL 0 ML 0 Blood Given 0 ML # Units 0

Condition Stable Wound Class II Time Out 1150 To PACU

Counts: ☐ Correct ☐ Incorrect ☒ NA

Sponge: ☐ No ☐ Yes ☐ Aborted Initial: Circ 0

Sharp: ☐ No ☐ Yes ☐ Aborted Scrub 0

Instr: ☐ No ☐ Yes ☐ Aborted Final: Circ 0

Comments 0 Scrub 0

Relief: Circ 0

Dressing N/A

POST-OP ASSESSMENT

Nursing Diagnosis: Potential for injury secondary to: Impaired physical mobility, Foreign body, Chemical/electrical injury

Desired Pt Outcomes: Pt will be free of nerve injury, foreign body, chemical and electrical injury. Pt will be free of infection.

Nursing Interventions: Proper alignment maintained, Proper ground pad placement, Proper padding at prominences, Counts conducted according to policy, Monitor & enforce aseptic technique

Additional Comments: Amberlaken

ST. MARY'S REGIONAL MEDICAL CENTER
CONSENT TO OPERATION, ANESTHETICS,
AND OTHER MEDICAL SERVICES

#229528 MS NR 221342
 217/00 BROWN, JEFFREY L
 210221, RONALD M
 41 POLAND RD

Date 10/10/01 Time 1:00

ALBANY ME 04210
 62 H/M 207-7823873
 218103-01 H219

1. I authorize the performance upon myself (myself or name of patient) of the following operation Posterior performed by or under the direction of Dr. Dr. [Signature]

2. I consent to the performance of operations and procedures in addition to or different from those now contemplated, whether or not arising from presently unforeseen conditions, which the above named doctor or his associate or assistants may consider necessary or advisable in the course of the operation.

3. I consent to the administration of such anesthetics in connection with surgical or other medical procedures as may be considered necessary or advisable by any of the Anesthesiologists responsible for anesthesia services at this hospital to be administered by them or others under their supervision. The nature of the Anesthetics likely to be applied in any procedures that are about to be done has been fully explained to me by a physician, including the usual and most frequent risks and hazards encountered with those anesthetics unless I have asked that the physician omit or limit his explanations out of consideration for me.

4. The nature and purpose of the operation, possible alternative methods or treatment, the risks involved, the possible consequences and the possibility of complications have been explained to me by Dr. Dr. [Signature] and Dr. Dr. [Signature]. *(See below)

5. I acknowledge that no guarantee or assurance has been given by anyone as to the results that may be obtained.

6. I consent to the photographing or televising of the operations or procedures to be performed, including appropriated portions of my body for medical, scientific or educational purposes, provided my identity is not revealed by the pictures or descriptive texts accompanying them.

7. For the purpose of advancing medical education, I consent to the admittance of observers to the Operating Room.

8. I consent to the disposal by hospital authorities of any tissue or body parts which may be removed.

9. I am aware that sterility may result from the operation. I know that a sterile person is incapable of becoming a biological parent.

10. I acknowledge that all blank spaces on this document have been either completed or crossed off prior to my signing.
 (CROSS OUT ANY PARAGRAPHS WHICH DO NOT APPLY)

PLEASE READ IN FULL BEFORE SIGNING AUTHORIZING SIGNATURES

[Signature]
 Witness

[Signature]
 Signature of Patient

If patient is unable to sign or is a minor, complete the following: Patient is minor _____ years of age. He/She is unable to sign because _____

 Witness

 Signature

 Relationship

*I certify that the information in number 4 was given to
[Signature]
 Physician's Signature
 P10026

 Patient's Name

08/20/98

15:36

Page 1 of 2

**ST. MARY'S REGIONAL
MEDICAL CENTER**

Lewiston, ME 04240

8229628

MS-300

22-13-42

FANTOZZI, RONALD M

DOB: [REDACTED] 1962

JEFFREY BROWN, M.D.

OPERATIVE SUMMARY

Admitted: 08/17/98

DATE OF OPERATION: 08/19/98 BEGAN: 1120 ENDED: 1150

SURGEON: PAUL MAILHOT, M.D. ASSISTANT:

PREOPERATIVE DIAGNOSIS: Right flank pain, gross hematuria

POSTOPERATIVE DIAGNOSIS: No evidence of ureteral calculus, possible recent stone passage with ureteral edema

OPERATION: Cystourethroscopy, right retrograde pyelography, insertion of an indwelling right ureteral stent

FINDINGS AND PROCEDURE:

After adequate general LMA anesthesia, the patient was prepped and draped in the dorsolithotomy position. cystourethroscopy was accomplished with a 22 French rigid cystourethroscope. The bladder appeared to be normal with clear efflux in both ureteral orifices. There was no evidence of tumor or calculus formation within the bladder. The urethra revealed no lesions or source of bleeding. The prostatic fossa appeared to be normal.

Using an 8 French cone tipped ureteral catheter, a retrograde pyelogram was performed. Examination of the X-rays revealed some filling defects within the ureter but I suspect that the majority of these were bubbles. While directly observing the drainage from the right ureter, multiple air bubbles were noted to be expelled with the urine. The drainage from the right ureter, however, was bloody after the retrograde pyelogram had been performed.

On a post drainage film, it was noted that the mid and distal ureters had drained completely. However, there was some apparent hang up at the level of L4 on the right which may have been secondary to some edema from a recently passed calculus. On the drainage film, no filling defects would be observed within the ureter. At no time on any of the films was there any evidence of hydronephrosis.

Because the patient continued to complain of right flank pain through the night and because the retrograde suggested a possible incomplete obstruction at the level of L4, a 6 French Kwart ureteral stent was inserted into the ureter and advanced to the renal pelvis such that

(SEE NEXT SHEET)

500685.011.0279

08/20/98

15:36

Page 2 of 2

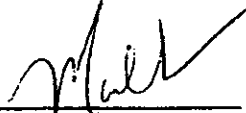
OPERATIVE SUMMARY
FANTOZZI, RONALD M
Page 2

PAUL MAILHOT, M.D.

MS-300

8229528

the proximal pigtail was in the renal pelvis, the distal pigtail was within the bladder. The stent was internalized and the patient then returned to the recovery room in satisfactory condition. He tolerated the procedure well and there were no complications.



PAUL MAILHOT, M.D.

D: 08/19/98 PM
T: 08/20/98 reb

cc: PAUL MAILHOT, M.D.
MICHAEL BOULANGER, M.D.
DS/ON

(P)
(P)
(P)

500685.011.0280

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

HR 221342
JEFFREY L
RONALD H
PO
04210
207-2623673
01 8219

☐ In Accordance with Our Formulary System The Use Of
Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

1. Imprint Before Placing In chart.
2. Fax To Pharmacy Each Time The Doctor Writes A Set Of Orders
3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time	Initial When Faxed
8/18/98	12:00	
<p>✓ fire up for AM - NPO P.M. N. L. TA - TEDS IL - Consent cysto. (R) Retrograde Pyelogram - Catheter, cross profile today IL 1298001 1298032 8/18/98 @ 1300 J. Richard Schmitt/Mark</p>		
8/18	1630	
<p>Danial PCA - 25mg/hr continuous 40. Dig. Bismarck Shumacher had Shumacher 8/18/98 98/10/10</p>		
8/18/98	6:30pm	
<p>↑ General to 333g/hr via pump (333g) Bismarck nitrofurantoin 8/18/98</p>		
8/18	2100	
<p>d/c clemens PCA clemens 25mg IV q 3hr to 100g of Bismarck moderately ill</p>		
8/19/98	1840	
<p>Toradol 60mg IM now & may repeat in 8 hours if effective. J. Richard Schmitt / S. Bismarck 8/19/98</p>		

PE0113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

C:\MSD\DATA\JRM\T\ORDERS.FAX

500685.011.0282

St. Mary's Regional Medical Center Doctor's Order Form

Diagnosis:

Drug Allergies:

221342
JEFFREY L
RONALD A
HE 04210
207-7823873
M219

☐ In Accordance with Our Formulary System The Use Of
Generic Equivalents Acceptable Unless Box Checked.

Addressograph Imprint

Doctor's Order Form Instructions For Use

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3. Indicate Fax Orders By Placing Initials In Column Opposite Doctor's Signature
4. The Signature Of A Doctor Must Accompany Each Set Of Orders.

Date	Time		Initial When Faxed
7/20/98	7PM	1) MC 10 FWIAR RUSH TO FWIAR 2) SALINE LOCK LMA 3) NSGUM INET 1289972 4) ACTIVITY AP LIA R 5) PERCOCET 11 PO q4h MAL 6) PAINOSC 20 MG PO Q4 MAL 7) NAPROSYN 500 MG PO BID MAL 8) ATIVAN 0.5 MG PO qHS MAL	
8/20/98		<p>Blush Instructions Sheet</p> <p>7) May discharge tonight. 8) Continue PAINOSC 20 PO q4, Luvor 50 PO qHS 9) Naprosyn 500 PO BID, Macrobid as per DR mailhot 10) Percocet 11 tablets q 4 PRN for pain 11) Call Dr. Boulanger in AM at his office to arrange follow up appointment.</p> <p>9/2/98 Call Dr. Boulanger 20/02 Call Dr. mailhot in AM for follow up appt. T.O. Dr. Boulanger / Grouley</p>	

F00113

ORIGINAL FOR CHARTS
DOCTOR'S ORDER FORM

C:\HARDWARE\HARDWARE\F00113

500685.011.0283

ADDRESS PLATE HERE

1342

SCHEDULED MEDICATIONS

SINGLE ORDERS AND PRE-OPERATIVES						
DATE	MEDICATION	DOSAGE	ROUTE	TIME	SITE	INITIAL
8/19/98	Kefau	1 gm	IV	1145		SPH
8/19/98	Aspirin	250mg	PO	1530		SP
8/19/98	Demerol	25mg	IV	1540		SP
8/19/98	Demerol	40mg	IM	1910		SEP
8/19/98	Toradol	100mg	IV	1910		SEP
8/19/98	Toradol	100mg	IV	1910		SEP

1100

ST. MARY'S REGIONAL MEDICAL CENTER
INTRAVENOUS SOLUTION ADMINISTRATION RECORD

DATE	TIME	INITIALS	REMARKS
8/17/01	10:00	MD	Start of infusion
8/18/01	10:00	MD	Continued infusion
8/19/01	10:00	MD	Continued infusion
8/20/01	10:00	MD	Continued infusion
8/21/01	10:00	MD	Continued infusion
8/22/01	10:00	MD	Continued infusion
8/23/01	10:00	MD	Continued infusion
8/24/01	10:00	MD	Continued infusion
8/25/01	10:00	MD	Continued infusion
8/26/01	10:00	MD	Continued infusion
8/27/01	10:00	MD	Continued infusion
8/28/01	10:00	MD	Continued infusion
8/29/01	10:00	MD	Continued infusion
8/30/01	10:00	MD	Continued infusion
8/31/01	10:00	MD	Continued infusion

MD, Stephen Brumwell, MD

DATE	NOTES	VOL ML	BASIC SOLUTION	KCL mEq	VIA BAG	OTHER MEDICATIONS	TIME DUE	TIME INFUSING	RATE PER HOUR	INIT.
8/17/01		1000	DS NS					2000	200	MS
8/18/01		2000	DS NS					02	200	MS
8/19/01		3000	DS NS					1800	200	MS
8/20/01		4000	DS NS					09	200	MS
8/21/01		1000	DS NS					1800	200	MS
8/22/01		1000	DS NS					03	200	MS
8/23/01		1000	DS NS					04	200	MS
8/24/01	PACU	1000	DS NS					18:30	200	MS
8/25/01		1000	DS NS					1730	200	MS
8/26/01										
8/27/01										
8/28/01										
8/29/01										
8/30/01										
8/31/01										

Infusions Room

St. Mary's Regional Medical Center

Patient Valuable List

8229528 MS MR 221342
 2/17/96 BROWN, JEFFREY L
 FANTOZZI, RONALD M
 40 POLAND RD
 ALBURN ME 04210
 0361 /62 M/M 207-7823973
 218103-01 N219

(X)	Item	Description
✓	Eye Glasses	<i>at home</i>
<i>N/A</i>	Hearing Aid(s)	
<i>N/A</i>	Dentures/Partials	
✓	Money	✓
✓	Jewelry	<i>wallet & wedding band</i>
<i>N/A</i>	Canes, Walker, Wheel Chair	
<i>N/A</i>	Medication (please send home if possible)	
	Other	

Release from Responsibility for Personal Property

I understand and agree that under no circumstances will St. Mary's be responsible for my personal property. I take full responsibility for retaining in my possession or custody any and all articles. I acknowledge that I have declared or listed all items of personal property I have chosen to keep in my possession or custody while at St. Mary's, and further acknowledge that I have been offered an opportunity to have my personal property kept in safe keeping at St. Mary's during my stay at St. Mary's, and that I have refused that offer.

Patient/Guardian Signature _____

Date _____

140020

ST. MARY'S REGIONAL MEDICAL CENTER

500685.011.0287

St. Mary's Medical Associates
 99 Campus Avenue, Lewiston, ME 04240
 (207) 777-8810

8229508

FANTOZZI, RONALD

15057-0

36yr M 08/17/98

Patient Information

Name.....FANTOZZI, RONALD
 Address.....40 POLAND RD
 City.....AUBURN, ME 04210
 Home phone..(207) 782-3873
 Birthdate... [REDACTED] 62 Sex...M
 Soc Sec No... [REDACTED] 2724
 Med Record #
 Provider(s) MJB
 Referred by.
 Employer....FALCON SHOE
 Relative....DEBRA
 Pharmacy....

Status code:

Work... (207) 784-9186

Diagnoses/Problems

ADJUSTMENT DISORDER W/ANXIETY
 POSSIBLE OCCULT DEPRESSION WITHOUT SUICIDAL IDEATION
 PROBABLE PANIC DISORDER
 ALLERGIC RHINITIS
 HISTORY OF CROHN'S DISEASE
 RELATIVE XANAX AND BUSPAR INTOLERANCE
 PRIOR STAPH AUREUS COLONIZATION
 VIRAL URI WITH CHRONIC BRONCHITIS
 RESOLUTION OF BORDERLINE ANEMIA

*you are dark red
 you are pain
 today dark
 Effer Ochie's*

Medications

LUVOX TAB 50MG, ONE HS
 NASALCROM AER 5.2/ACT, BID

*Morphine 2-5 G/H
 - Morphine
 Bm's - 5.6yr
 day 1*

*Orthotipsy nigr. Allergies
 Adm. Hcd 2 nas ago
 - Manned 15, 10, 8
 - eye 4 in mades
 5 in shes apr.
 Effer Ochie's*

St. Mary's Medical Associates
99 Campus Avenue, Lewiston, ME 04240
(207) 777-8810

8229508

FANTOZZI, RONALD

15057-0

Page 1

Progress Notes

05/05/98 CC: Adjustment disorder with panic attacks, improved on Luvox

HPI: 36 YOM returns to office at 7 week interval to reassess his Luvox response. He states that the quality of his life has improved dramatically. He has not had any breakthrough panic attacks. He is sleeping better. He seems to be in better spirits and is less focused on the things that cause anxiety. He is tolerating work stress much better.

He has seen Dr. Mailhot in followup to his previous recurrent nephrolithiasis. There was blood in his urine at last visit. Dr. Mailhot wondered about the indication for a repeat metabolic screen for kidney stones. He also wondered about the potential for oxalate stones secondary to inflammatory bowel disease.

The patient has seen Dr. Monzel with previous liver biopsy. This did not suggest active bridging necrosis to warrant intervention with Interferon.

Otherwise quality of life appears to be excellent at present time.

MEDICATION: LUVOX TAB 50MG, ONE HS
NASALCROM AER 5.2/ACT, BID

ROS: The patient denies fever, chills, sweats, nausea, vomiting, diarrhea, or constipation. No blood in stool or urine. No recent chest pain, cough, palpitation, or dizziness.

EXAM: The patient is alert, cooperative, and generally pleasant. He appears appropriate and composed. He is able to arise from chair without assistance.

VITALS:

BP: May 5, 1998 120/60

Pulse: May 5, 1998 80

WT: May 5, 1998 146½ = 1½ lb loss x 6 weeks

HEENT: Normocephalic, PERRL. Sclera and conjunctiva clear.

Oropharynx unremarkable.

Neck: Supple.

Chest: Lungs clear. Heart sounds physiologic.

Abdomen: Benign.

Extremities: Without clubbing, cyanosis, or edema.

Neuro: No focal deficits.

Skin: Clear.

IMPRESSION:

1 Adjustment disorder with anxiety and panic attacks, currently improved on Luvox.

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822958

FANTOZZI, RONALD

15057-0

Page 2

Progress Notes

05/05/98 (continued).

2. Recurrent nephrolithiasis with indication to exclude metabolic predisposition.
3. Quiescent Crohn's disease with concern for oxalate stones.
4. Allergic rhinitis, improved on Nasalcrom spray.
5. Hepatitis C infection with relatively benign liver biopsy.
6. Prior Staph aureus airways colonization with chronic bronchitis.

PLAN:

1. Consider metabolic screen for recurrent nephrolithiasis, pending clinical course.
2. Continue Luvox trial in light of subjective and clinical benefit.
3. AE as scheduled 8/98.

Michael J. Boulanger, M.D.
MJB:bjb

MJB/BJB/

St. Mary's Medical Associates
 99 Campus Drive, Lewiston, ME 04240
 (207) 755-1000
 FAX: (207) 755-1000

RONALD

15057-0

Page 1

Progress Notes

12/17/98 PRN: Atypical transient left sided chest discomfort with palpitations, exertional dyspnea, and anxiety

HPI: 35 YOM returns to office unexpectedly in light of the above complaints. He states that over the last month he has had a problem with transient left-sided chest discomfort lasting 2-3 seconds. This occurs both at rest and with exertion. He becomes anxious about the problem and notes that his breathing is off and he thinks he may be having palpitations or skipped beats. This then goes away rather quickly. He became alarmed, thinking that he could have heart disease in light of positive family history.

Upon further discussion, he states that he has been under increased pressure or stress, despite the fact that Dr. Monzel recently told him that his liver biopsy did not suggest active hepatitis C hepatitis. The patient also has done some reading on panic attacks and states that the symptom complex hits that diagnosis perfectly.

MEDICATION: ATROVENT NAS SOL 0.06%, 2 SQ EA NOS TID/PRN

ROS: The patient denies fever, chills, sweats, nausea, vomiting, diarrhea, or constipation. No blood in stool or urine. No recent cough, palpitation, or dizziness.

Cardiac: Atypical left-sided chest pain with rest and exertion. Resp: Mild exertional dyspnea with occasional palpitations.

EXAM: The patient is alert, cooperative, and generally pleasant. He is able to arise from chair without assistance.

VITALS:

BP: February 27, 1998 132/60

Pulse: February 27, 1998 80

WT: February 27, 1998 148 = 1½ lb gain x 6 weeks

HEENT: Normocephalic, PERULA. Sclera and conjunctiva clear. Oropharynx unremarkable.

Neck: Supple.

Chest: Lungs clear to percussion and auscultation. S1/S2 physiologic without murmur or gallop. I am unable to elicit pain to palpation across the chest wall.

Abdomen: Soft, bowel sounds active, no visceromegaly.

Extremities: Without clubbing, cyanosis, or edema. Pedal pulses intact.

Neuro: No focal deficits.

Skin: Clear.

LAB DATA: Office EKG 20 minutes following last chest pain episode: Sinus rhythm, regular at 75 bpm with incomplete right

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FANTOZZI, RONALD

15057-0

Page 2

Progress Notes

02.27.98 (continued)

bundle branch block but no evidence of ischemia.

IMPRESSION:

1. Atypical, transient, left-sided chest pain at rest and exertion with normal EKG.
2. Symptom complex most c/w panic disorder.
3. Adjustment disorder with anxiety.
4. Hepatitis C infection with benign liver biopsy.
5. Multiple medication intolerances.

PLAN:

1. Empiric trial with Luvox 50 mg $\frac{1}{2}$ tablet qd for the next week.
2. Patient may increase dose to a whole tablet daily if doing well.
3. Office visit in two weeks to reassess clinical status on Luvox.

Michael J. Boulanger, M.D.
MJB:bjb

MJB/BJB/

St. Mary's Regional Medical Center

Graphic Sheet

SIGNATURE OF CLERK

221342

DATE OF BIRTH 04/10/62
 NAME JEFFREY L. ROBERTSON
 SOCIAL SECURITY NO. 221342
 DATE OF ADMISSION 03/01/01
 ROOM 2219

Year	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP	Date	Hosp.	Post-OP
Hours			8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8	8/8
Celsius Temperature			36.5	36.8	37.0	37.2	37.5	37.8	38.0	38.2	38.5	38.8	39.0	39.2	39.5	39.8	40.0	40.2	40.5	40.8	41.0
Pulse Rate			120	125	130	135	140	145	150	155	160	165	170	175	180	185	190	195	200	205	210
Blood Pressure			120/80	125/85	130/90	135/95	140/100	145/105	150/110	155/115	160/120	165/125	170/130	175/135	180/140	185/145	190/150	195/155	200/160	205/165	210/170
Respiration			20	22	24	26	28	30	32	34	36	38	40	42	44	46	48	50	52	54	56
Hemocult																					
Stools																					
Body Mass			67.6 kg																		
Cat. Count																					
24 Hour Input			PO 600 IV 4600																		
24 Hour Output			U 1500 Em 70																		

500685.011.0294

St. Mary's Regional Medical Center Advance Directives Form

8229526 MS ME 221342
 P/177 BROWN, JERRY L
 TANTOZZI, RONALD M
 40 POLAND RD
 DUBURN ME 04210
 036Y 62 M/H 207-7823573
 1218103-01 M219

1. Does patient have an Advance Directive? ☒ Yes ☐ No
(living will or durable power of attorney for health care).
If No Advance Directive, skip to (and complete) #2 and #3.
If Yes, has an Advance Directive continue (and complete) #1:
Patient identifies document as:

Is the Advance Directive on file here at St. Mary's? ☐ Yes ☒ No
(check medical record)

If not on file here, request a copy of Advance Directive to be brought in.

From whom requested:

☐ Patient ☐ Family: Designate:

RN Signature:

If patient has Advance Directive, skip to #4

2. Patient directed to read "Advanced Healthcare Directives Packet" and policy summary.

☐ Yes ☐ No If No, designate why:

Family directed to read the above.

Yes **No**

3. Patient requested further information.

☒ Yes ☐ No

If Yes, identify who was contacted:

	Date	Time	Individual
Social Service			
Pastoral Care			
Nurse Supervisor			
(after hours)			
Other			

(For Items 2-3) R.N. Signature: _____

4. **Physician informed of Advance Directive.**

Date	Time	Physician	RN Signature
------	------	-----------	--------------

5. Copy of the Advance Directive placed in the chart. ☐ Yes
Verified with patient the Directive is the latest version. ☐ Yes

Document title:

Date	Time	RN Signature
-------------	-------------	---------------------

Documentation for Revocation of Advance Directive

Date	Time	RN Signature	Physician Informed (state MD name)
-------------	-------------	---------------------	-------------------------------------------

Patient informed of implications of decision.

Date	Time	RN Signature
------	------	--------------

Patient Acknowledgment for Receipt of Advance Directive Policy Patient Summary

Date _____ Signature _____ Witness _____

side 2

SMRMC Advance Directives Form
Other Actions/Additional Information
(include dates, time, description, signature):

Lined area for text entry.

AD 1/20/92

1-15

500685.011.0296

REFERRAL SCREEN

Respiratory

1. Do you smoke or chew tobacco Y ☒ N How many years _____ PPD _____
When did you quit _____ How long _____
2. Do you have a cough Y ☒ N Do you produce sputum Y N
What is color _____ Any blood Y N
3. Do you have post nasal drip ☒ Y N
4. Do you have seasonal allergies ☒ Y N
5. Do you snore Y N Do you become sleepy during the day Y ☒ N
6. Are you currently SOB Y ☒ N
Describe what happens _____
7. Have you been treated for: Have you been told you have:
- | | | | | | |
|--------------|---|----|------------|------------------------------------|---|
| Pneumonia | Y | N? | Asthma | Y | N |
| Tuberculosis | Y | N | Emphysema | Y | N |
| Lung Cancer | Y | N | Bronchitis | <input checked="" type="radio"/> Y | N |

A total of 6 Y will trigger a RCP assessment

Problem/
Referral

Signature

Rehab Services

1. Are you receiving rehab services at home Y N
PT _____ OT _____ Speech _____ HHA _____
2. Do you have pain or circumstances that prevents you from performing ADL Y N
If Y, what are you unable to do _____
3. Do you currently use assistive devices
WC _____ Walker _____ Cane _____ Other _____
4. Do you require assist to bath/dress Y N
5. Do you have difficulty chewing or swallowing Y N
6. Do you have difficulty hearing Y N
7. Do you have difficulty making yourself understood Y N
8. Do you have difficulty understanding what is said to you Y N

A Y will trigger a referral to Rehab Services
(OT, PT, Speech)Problem/
Referral

Signature

Spiritual

1. What is your source of strength during times of difficulty family
2. Are you affiliated with a church/synagogue ☒
3. Do you request a visit from the chaplain Yes ☒ No

Problem/
Referral

RN Completing Form

Date

Time

Signature

500685.011.0297

ST. MARY REGIONAL MEDICAL CENTER INTERDISCIPLINARY ASSESSMENT

Funtazzi

PATIENT ID: 22134
 NAME: BROWN, JEFFREY L
 FAVINAZZI, RONALD N
 41 POLAND RD
 ALBANY, NY 12210
 518-462-7073
 216-103-7011

General Information

PAT Date: _____ Time: _____
 Admit Date: 8/17/98 Dx: Hematuria, nephrotic syndrome
 Admitting Physician: Dr. J. B. Curren Considered organ/tissue donation? ☒
 Attending Physician: _____
 Chief Complaint: Hematuria, swelling, RFL, RFL, RFL
 Education: HS Occupation: Slaughterhouse
 Primary Language: English
 Able to Read: ☒ Write: ☒
 Vital Signs: T 36.5 P 75 R 24
 BF (L) (R) 103/69
 Height: 5'7" actual/stated
 Weight: 67.6 actual/stated

PERSON TO NOTIFY IN EMERGENCY

Name: Debbie
 Phone: Home: _____ Work: _____

SIGNIFICANT OTHER:

Name: _____
 Phone: Home: _____ Work: _____
 Information obtained from: _____ Relationship: _____
 Name: _____

Allergies

Reaction

Hayfever
 Latex: Yes No

NAME	DOSAGE	FREQUENCY	LAST DOSE	REASON FOR TAKING
Favaz	Sally			

NAME	DOSAGE	FREQUENCY	LAST DOSE	REASON FOR TAKING
Favaz	Sally			

Over-The-Counter	Name	Frequency	Amount	Last Used
Stimulants/Tranquilizers	Epinephrine			
Recreational Drugs	Propranolol			
Alcohol	Allopurinol			
Other				

Have you been able to follow prescribed medication/treatments? Y N Why?
 Have you ever been involved in rehabilitation? Y N Explain

Weight gain: _____ Kg/lbs in _____ weeks/months
 Active problem(s):
 Chewing _____ Diarrhea _____ Pregnant _____ Tube Feed _____
 Swallowing _____ Decubitus _____ Lactating _____ TPN / PPN _____
 Vomiting _____ Eating Disorder _____ Surgery Planned _____ PPN _____

Admission _____ Referral Level _____ Signature _____
 P10228 Pink Copy - Nutrition Services • Yellow Copy - Pharmacy Page 1

MS MR 22134
 JEFFREY L
 RALD M
 RD
 NE 04210
 62 M/M 207-782387
 N219 Problem

Medical History

Negative Hx ☒ Neurologic
☒ Diabetes ☒ Hepatitis/Infectious Diseases
☒ HTN ☒ Vision Disorder OS - fluid build up
☒ Heart Disease CHF ☒ Hearing Disorder
☒ Tuberculosis ☒ Seizure Disorder
☒ Orthopedic ☒ Psychological/Emotional
 Other depression ☒ Cancer

Surgical HX/Previous Hospitalizations: bulbectomy, colon surgery
appendectomy - 10 yrs ago

Signature

MusculoskeletalHISTORY: ☒ Negative Hx

Arthritis Fractures Scoliosis
 Deformities Injuries Muscular Dystrophy
 Joint Pain Amputations Other

Explain:

EXAM: Ambulation Gait Assistive Devices
☒ unassisted ☒ steady ☐ wheelchair ☐ crutches
☐ assisted with 1 or 2 ☐ unsteady ☐ cane ☐ walker
☐ unable ☐ splints ☐ prosthesis

Range of Motion Difficulties (specify):

Comments:

Problem/

Signature

Cardio PulmonaryHISTORY: ☐ Negative Hx

☒ Chest Pain ☐ Anemia ☐ Murmur ☐ Congenital Defect
☐ Palpitations ☐ Varicosities ☒ Hypercholesteremia ☐ Pacemaker
☐ MI ☐ TIA ☐ Arrhythmias ☐ Artificial Valve
☐ CVA ☐ CHF ☒ Peripheral Edema ☐ Mitral Valve Prolapse
☐ HTN ☐ PVD ☒ Permanent IV Access ☐ Other

Explain:

EXAM: Pulse Capillary Refill Lung Sounds Chest Excursion
☒ Regular ☐ Quick (L) (R) ☒ Symmetrical
☐ irregular ☐ Sluggish Clear ☒ ☒
☐ bounding Wheezing
☐ thready Crackles
☐ weak ☒ Cyanosis None Rhonchi
☐ Lips
 Monitor Pattern (if applicable)

Breathing Pattern

☒ Non Labored ☐ Labored ☐ Rapid ☒ Regular ☐ Accessory Muscle Use

Signature

Page 2

500685.011.0299

Gastrointestinal**HISTORY:**

Negative Hx

<input checked="" type="checkbox"/> Diarrhea	<input checked="" type="checkbox"/> Blood in Stools	<input type="checkbox"/> Hiatal Hernia	<input checked="" type="checkbox"/> Cramps
<input type="checkbox"/> Constipation	<input checked="" type="checkbox"/> Abd/Epigastric Pain	<input type="checkbox"/> Diverticulosis	<input type="checkbox"/> Jaundice
<input type="checkbox"/> Costomy	<input type="checkbox"/> Irritable Bowel Syndrome	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Cancer
<input type="checkbox"/> Hemorrhoids	<input type="checkbox"/> Gastric Ulcer/Polyps	<input checked="" type="checkbox"/> Dysphagia	<input type="checkbox"/> Other
<input type="checkbox"/> Hematemesis	<input type="checkbox"/> Esophagitis/Varices	<input type="checkbox"/> Heartburn	

Explain:

NUTRITION:

Diet ☐ Regular ☐ Special (Explain): *Whole milk, almonds etc*

Dentures: ☐ Upper ☐ Lower ☐ Partial

Feeding**Appetite****Bowel Habits**

☒ Self ☐ Good

☐ Needs Assist ☒ Fair

☐ Poor

☒ Regular

☐ Irregular

☒ Last Bm 8/16

EXAMS:**Dental Hygiene****Oral Mucosa****Bowel Sounds****Abdomen**

<input checked="" type="checkbox"/> Good	<input type="checkbox"/> Pink	<input checked="" type="checkbox"/> Present	<input checked="" type="checkbox"/> Tender	<input type="checkbox"/> Nondistended
<input type="checkbox"/> Fair	<input checked="" type="checkbox"/> Moist	<input type="checkbox"/> Absent	<input type="checkbox"/> Nontender	<input checked="" type="checkbox"/> Soft
<input type="checkbox"/> Poor	<input type="checkbox"/> Dry		<input type="checkbox"/> Distended	<input type="checkbox"/> Firm

Comments:

Signature

Urinary**HISTORY:**

Negative Hx

<input checked="" type="checkbox"/> UTI	<input type="checkbox"/> Dysuria	<input type="checkbox"/> Chronic Renal Failure
<input type="checkbox"/> Hematuria	<input type="checkbox"/> Pyuria	<input type="checkbox"/> Cancer
<input type="checkbox"/> Nocturia	<input type="checkbox"/> Urinary Stress Incontinence	<input type="checkbox"/> Prostate Problems
<input type="checkbox"/> Encopresis	<input checked="" type="checkbox"/> Kidney Stones	<input type="checkbox"/> Other

Explain:

Problem/

Urine**Voiding Pattern****Bladder**

<input type="checkbox"/> Clear	<input checked="" type="checkbox"/> No Difficulty	<input type="checkbox"/> Distended
<input type="checkbox"/> Cloudy	<input type="checkbox"/> Frequency	<input checked="" type="checkbox"/> Non-Distended
<input type="checkbox"/> Dark	<input type="checkbox"/> Urgency	
<input type="checkbox"/> Yellow	<input type="checkbox"/> Hesitancy	
<input type="checkbox"/> Pink-tinged	<input type="checkbox"/> Incontinence	
	<input type="checkbox"/> Discomfort	

Signature

Page 3

500685.011.0300